

# IS for MHSA Providers

This presentation contains a few tips on using DMH's Integrated System when billing for MHSA programs

- ◆ Setting the SFPR (Single Fixed Point of Responsibility)
- ◆ Opening an Episode
- ◆ Setting the Client Plan
- ◆ Fixing Mistakes in Assessments
- ◆ Using Reports to Track MHSA Claims

*Note: there are some blanks on these page because we have removed all client information*

# SFPR: Single Fixed Point of Responsibility

Address web/ClientOther.aspx

Los Angeles COUNTY HEALTH

Home Clinical Administrative Plan CIOB

1917-ARCADIA MH:1917A-ARCADIA M JFLYNN

## Client Information

Client: ?

**Options**

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

**Identification** **Contacts** **Financial** **Other** **Groups** **XRef** **MCaI Benefits**

**SFPR**

☐ Provider

☒ Special Program

**Birth Information**

Last Name:

First Name:  Middle:

County:  State:  Country:

**Clients**

Client ID	DOB

**Save** **Cancel**

Set the SFPR of a new client by clicking the **Special Programs** radio button

...and then use the drop-down to select the FSP type, and click **Save**

It may take some time before the SFPR shows up in the Outcomes Measures Application

see California Welfare and Institution Code section 5328.

# Open an Episode

**BEFORE** you can enter Outcomes, you **MUST** open an Episode in the IS!

Address <https://dmhisintra.co.la.ca.us/ClinicalWeb/ViewClientEpisodesO>

**Los Angeles COUNTY** DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1917 ARCADIA MH:1917A-ARCADIA MHS - JFLYNN

## Client Episodes

Client: ?

**Options**

- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

**Open** Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
<a href="#">1917A002</a>	O	12/5/2003	309.0	VILLANOVA-0093633	4/23/2007	56	0	

1

Confidential patient in California Welfare and Institutions

Episode Numbers are sequential, and they include the Provider Number. You can learn more about opening them in the IS Basic Manual [dmh.lacounty.info/hipaa/downloads/BasicISv3.3.pdf](http://dmh.lacounty.info/hipaa/downloads/BasicISv3.3.pdf)

Once you open an Episode, the IS needs to send it to OMA. This can take up to three hours, so if you **just** opened the Episode, you might have to wait a bit to start a Baseline in OMA!

CLICK

# Setting the Plan to MHSA

Address <https://traindmhisintra.co.la.ca.us/ClinicalWeb/Outpatient>

Los Angeles  
COUNTY

DEPARTMENT OF MENTAL HEALTH

## Add Outpatient Claim

### Options

Return

Check Eligibility

Service

Client Benefits

Medicare :1234567890A

Staff Code: E261358

Service Date

09/04/2006

Procedure

90804

Mod1

Mod2

Unit Type

MJ

Units

75

Rate

1.80

Claim Amount:

135.00

Late

Code:

Client Amt Paid:

Medi-Cal ☐

EVC:

Healthy Families ☐


Medicare ☐

And

Claim Plans:

	Plan	Pay Order	
	CGF	1	
			
1			

Other Insurance

Payer

1

The MHSA Plan should be entered the first time you bill for an MHSA service...once set, it will show up on future claims

The **PLAN** is the pot of County funds (like CGF, MHSA, etc.) that pays for our services...it's different from a **BENEFIT**, which is provided by an external payer like Medi-Cal or Medicare.

The client's Plan defaults to CGF: make sure you change it to bill MHSA...click on the Pencil to edit this!

Submit

Save


Cancel

Confidential


ction 5328.

# Setting the Plan

When you click on the Pencil, you will see the Plans screen. Note: you can change the Plan here (CGF, MHSA), but not the Benefits (Medi-Cal, etc.).


Address  https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientClaimPlan.aspx





**Los Angeles COUNTY** | DEPARTMENT OF MENTAL HEALTH | [Home](#) | [Clinical](#)

1904-ANTELOPE V:1904A-ANTELOPE 

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## Outpatient Claim - Plans

Client: 

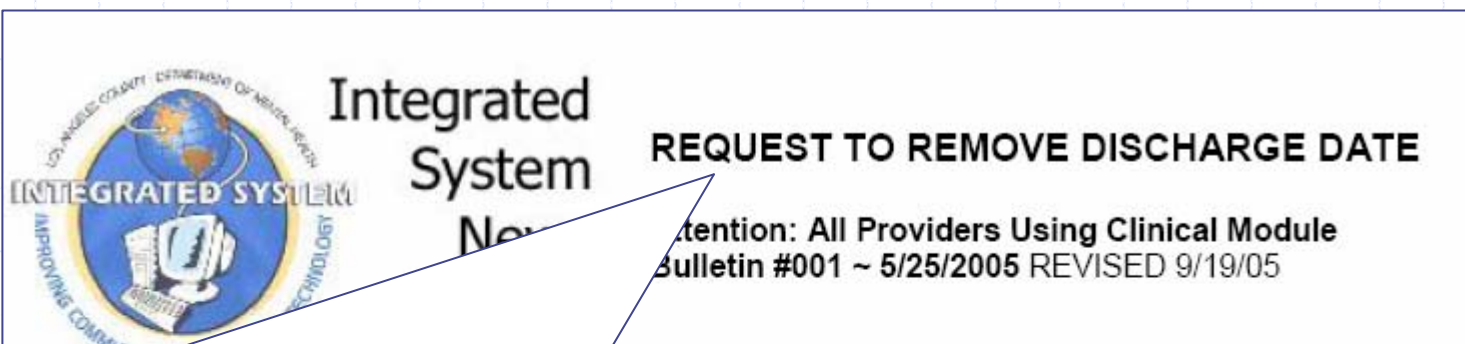
Options						
Client Benefits	SD/Medi-cal:12345678A 	Staff Code:	E261358			
Return						
ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
06/01/2007	90805			MJ	95	3.00
Plans:		CGF [07/01/2002-12/31/2012] 				
Pay Order:		1				
<div> </div>						

Confidential patient information, see California Welfare and Institution Code section

CGF is the default...click on the down arrow and you will see the list of plans approved for your clinic. Select the appropriate MHSA plan, and it will show up on all claims for this client from now on.

# Dealing with a Closed Episode

- ◆ You must have an open Episode in the IS to start a Baseline in OMA...so what do you do if the Episode was CLOSED?



You'll need to ask DMH to re-open the Episode by filing a Request to Remove Discharge Date...available at

[http://dmh.lacounty.info/hipaa/downloads/AuthorizationStafftoRemoveDischargeDatesRev032807with\\_ISNews01.pdf](http://dmh.lacounty.info/hipaa/downloads/AuthorizationStafftoRemoveDischargeDatesRev032807with_ISNews01.pdf)

**the appropriate service area liaison (see attached listing). The liaison will fax the form to you and you will be notified when the date has been removed.**

**The form provides three basic reasons for removing a discharge date:**

- 1) To modify/correct a discharge date**
- 2) The episode was opened in error and it will be deleted**

# Fixing Mistakes in an Assessment



If you accidentally created an Assessment, or if you need to change or correct a piece of information that you can't edit yourself, please use the OMA [Data Change / Deletion Request Form](#). This is a fill-able form, meaning that you can open it in Adobe Acrobat and type in your information. Hit the "Print Form" button, and then fax it to Kara Taguchi (the number is on the form).

Print Form

## Outcomes Measures Application (OMA) Data Change / Deletion Request Form

Requestor Information			
Name		Date	
Phone Number		Program	
Email		Reporting Unit	
Assessment Information			
Client ID		Please I want to change or delete	
Assessment (Sample: <input checked="" type="checkbox"/> Baseline ID: 123 )			

Available at  
<http://dmhoma.pbwiki.com/Data+Change+or+Deletion+Request>



# Using IS Reports for MHSA

Address <https://dmhisintra.co.la.ca.us/Reports/default.csp?>

Welcome, RPTPROV!

Current Location: [DMHISREPORT.IS.DMH.CO.LA.](#)

Exit

Initial Operations

## Reports

- 11. Inpatient 24 Hour Services Utilization (IS001)** [\[Schedule\]](#) [\[History\]](#)  
This report lists inpatient clients.  
*Last updated on 6/16/2005 7:59:08 PM*
- 12. Integrated System Claim Exception (IS030)** [\[Schedule\]](#) [\[History\]](#)  
This report lists denied claims (due to errors) by provider.  
*Last updated on 6/11/2007 3:58:44 PM*
- 13. Integrated System Code List (IS002)** [\[Schedule\]](#) [\[History\]](#)  
This report lists the code values and descriptions used in the Integrated System.  
*Last updated on 11/22/2007 1:33:59 PM*
- 14. Monthly Claims by Plan Detail (IS260)** [\[Schedule\]](#) [\[History\]](#)  
This report lists claims by Plan for a specified claim status, and service/submit date range.  
*Last updated on 3/2/2007 6:24:50 PM*
- 15. Monthly Claims by Plan Summary (IS270)** [\[Schedule\]](#) [\[History\]](#)  
This report lists summary information of claims by plan.  
*Last updated on 8/30/2005 3:23:03 PM*

Page: [\[Previous\]](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [\[Next\]](#)

Data Current as of: Tue Jun 12 04:00:01 PDT 2007

powered by crystal

These are the two reports you can use to track MHSA funds: the IS 260 and IS 270



# Parameters for the IS 260

Report Parameters - Microsoft Internet Explorer

### Report Parameter Form

**BillingProviderID** 1917 ARCADIA MHS

**ServiceDateRange**

Start of range: 3-1-2007 ☒ Include Value ☐ No Lower Bound

End of range: 3-30-2007 ☒ Include Value ☐ No Upper Bound

**SubmitDateBegin** 3-1-2007

**SubmitDateEnd** 6-29-2007

**Plan** MHSA - FSP

The parameters for the IS 260, Monthly Claims By Plan Detail, are the most specific. You must indicate the plan (or plans) and also the claim status (Approved, Forwarded, etc.)

# IS 260 Sample Page

IS 260 Monthly Claims by Plan Detail provides a claim-by-claim look at payments sorted by Plan. In this example, we have picked only MHSA, but you can pick multiple plans.

Crystal Reports Viewer - Microsoft Internet Explorer

Main Report

1 of 1+

100%

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MHSA - FSP

County of Los Angeles - Department of Mental Health

Monthly Claims by Plan Detail (IS260)

\* Excludes Voided and Resubmitted Claims \*

Billing Provider ID: 294.00 - 1917 ARCADIA MHS

Service Date: 3/1/2007 - 3/30/2007

Submit Date: 3/1/2007 - 6/29/2007

Claim Status: Approved, denied, Forwarded

Selected Plan: MHSA - FSP

Plan: MHSA - FSP

Submitter Claim ID	Patient File #	Claim Status	Service Dt Begin	Service Dt End	Submit Dt	Proc	MCal Claim	Mcare Claim	Total Days	To Un
Client ID:										
		APPROVED	3/9/07	3/9/07	4/2/07	T1017	N	N		
		APPROVED	3/15/07	3/15/07	3/19/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	3/19/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	4/2/07	T1017	N	N		
		APPROVED	3/16/07	3/16/07	3/19/07	T1017	N	N		
		APPROVED	3/20/07	3/20/07	3/28/07	90801	N	N		
		APPROVED	3/20/07	3/20/07	3/28/07	T1017	N	N		
		APPROVED	3/23/07	3/23/07	3/28/07	T1017	N	N		
		APPROVED	3/23/07	3/23/07	3/29/07	90862	N	N		
		APPROVED	3/26/07	3/26/07	3/28/07	T1017	N	N		
		APPROVED	3/28/07	3/28/07	4/11/07	T1017	N	N		
		APPROVED	3/30/07	3/30/07	4/10/07	T1017	N	N		

260 Monthly Claims by Plan Detail provides a claim-by-claim look at payments sorted by plan. In this example, we have picked only MHSA, but you can pick multiple plans.

# IS 270 Sample Page

Crystal Reports Viewer - Microsoft Internet Explorer

Main Report 7 of 7+ 100%

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County of Los Angeles - Department of Mental Health

## Monthly Claims by Plan Summary (IS270)

**Billing Provider ID:** 294  
**Billing Provider Name:** 1917 ARCADIA MHS  
**Service Area/Bureau:** 3 / AS  
**Service Date:** 3/1/2007 - 3/30/2007

☐ CalWORKs  
☐ CGF  
☐ Dual Diagnosis Program  
☐ GROW  
☒ MHS - FSP  
     ☐ APPROVED  
     ☐ FORWARDED

Plan	Claim Status	Proc Code	Svc Unit Type	Total Svc Qty	Total Claims	Total Claim Amount	MediCal Paid Amt	Medicare Paid Amt
MHSA - FSP	APPROVED	90801	MJ	855	7	\$2,197.35	\$558.98	
MHSA - FSP	APPROVED	90808	MJ	180	1	\$462.60	\$231.30	
MHSA - FSP	APPROVED	90862	MJ	616	9	\$3,073.84	\$301.25	
MHSA - FSP	APPROVED	90887	MJ	75	4	\$192.75	\$96.39	
MHSA - FSP	APPROVED	90889	MJ	1,149	31	\$2,952.93	\$681.09	
MHSA - FSP	APPROVED	99361	MJ	48	1	\$123.36	\$61.68	
MHSA - FSP	APPROVED	H2010	MJ	510	4	\$2,544.90	\$144.60	
MHSA - FSP	APPROVED	H2011	MJ	771	4	\$3,099.42	\$931.20	
MHSA - FSP	APPROVED	H2015	MJ	6,231	51	\$16,013.67	\$3,855.02	
MHSA - FSP	APPROVED	M0064	MJ	2,562	60	\$12,784.38	\$3,289.65	\$0.00
MHSA - FSP	APPROVED	T1017	MJ	13,862	116	\$27,724.00	\$6,942.00	
<b>Total APPROVED:</b>					<b>288</b>	<b>\$71,169.20</b>	<b>\$17,093.16</b>	<b>\$0.00</b>

IS 270 Monthly Claims by Plan Summary will show you a summary of all claims in all plans for a given date range. This page is only the Approved claims for MHS, but there are also CalWORKS, CGF and other plans on this particular report.

# For More Information

- ◆ See the IS Manuals and Guides at  
[http://dmh.lacounty.info/hipaa/do\\_UIS\\_Manuals.htm](http://dmh.lacounty.info/hipaa/do_UIS_Manuals.htm)
- ◆ See the IS Movies page at  
[http://dmh.lacounty.info/hipaa/do\\_ISMovies.htm](http://dmh.lacounty.info/hipaa/do_ISMovies.htm)
- ◆ See the OMA Website (or Wiki) at  
<http://dmhoma.pbwiki.com/>